

FEE TRANSMITTAL  
for FY 2005

(Effective 10/01/2004 Patent fees are subject to general increases.)

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Complete if Known

<b>FEE TRANSMITTAL</b>		<b>Application Number</b>	09/927,422
<b>for FY 2005</b>		<b>Filing Date</b>	August 10, 2001
		<b>First Named Inventor</b>	Gary VAN NEST
		<b>Examiner Name</b>	M. Minnifield
		<b>Art Unit</b>	1845
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Attorney Docket No.</b>	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		655.00	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account							
Deposit Account Number 03-1952							
Deposit Account Name Morrison & Foerster LLP							
The Director is authorized to: cancel or modify application							
<input checked="" type="checkbox"/> Charge any indicated fee(s) or any underpayments of fee(s)				<input checked="" type="checkbox"/> Credit any overpayments			
<input type="checkbox"/> Charge any additional fee(s) or any underpayments of fee(s)							
<input type="checkbox"/> Charge Rev(s) indicated below, except for the filing fee to the above-identified deposit account.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING FEE</b>							
Large Entity		Small Entity					
Fee Code (S)	Fee (S)	Fee Code (S)	Fee (S)	Fee Description		Fee Paid	
0200	10	0201	10				
1001	750	2001	385	Utility Filing Fee			
1002	360	2002	175	Design Filing Fee			
1008	880	2003	375	Plant Filing Fee			
1004	780	2004	305	Reissue Filing Fee			
1006	160	2005	80	Provisional Filing Fee			
<b>SUBTOTAL (1) (\$)</b>				0.00			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>							
Large Entity		Small Entity					
Fee Code (S)	Fee (S)	Fee Code (S)	Fee (S)	Fee Description		Fee Paid	
Total Claims	--	Fee from Date	--				
Independent Claims	--		--				
Multiple Dependent	--		--				
<b>SUBTOTAL (2) (\$)</b>				0.00			
** or number previously paid. If greater, for reduction, see above							

SUBMITTED BY				(Complete if applicable)			
Name (Print/Type)	Karen R. Zachow, Ph.D.	Registration No. (Attorney/Agent)	146,332	Telephone	(858) 720-5191	Date	December 2, 2004
Signature	<i>Karen R. Zachow</i>						

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**For Fee Processing**

sd-233511

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PTO/SB/22 (10-04)  
Approved for use through 7/31/2006. OMB 0451-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		Docket Number (Optional)  377882001420
Application Number  09/827,422		Filed  August 10, 2001
For BIODEGRADABLE IMMUNOMODULATORY FORMULATIONS AND METHODS FOR USE THEREOF		
Art Unit  1645	Examiner  N. Minnifield	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	<u>Small Entity Fee</u>  \$55.00
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  *One month extension previously paid on 11/2/04. \$215.00 - \$55.00 = \$160.00	\$430.00	<u>\$215.00</u> <u>\$ 160.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	<u>\$490.00</u> <u>\$</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	<u>\$765.00</u> <u>\$</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	<u>\$1,040.00</u> <u>\$</u>
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.		
I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 46,932  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		
<i>Karen R. Zachow</i> Signature		December 2, 2004 Date
Karen R. Zachow, Ph.D. Typed or printed name		(858) 720-5191 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of 1 forms are submitted.		

sd-233509

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